

from permanent surveys on medical prescription, from the French cost per DRG database, and from various other data sources. Perspective was that of health insurance and prices were consequently based on reimbursement tariffs. **RESULTS:** From 1991 to 2002, the direct medical cost of osteoarthritis in France has raised by 156% (from 0.64 to 1.64 billion Euros), i.e. 9% per year. The number of treated patients increased by 54% (from 3 million to 4.6 million), so that the cost per patient rose by 4.8% per year in average. Taking the GDP price index as deflator, the real average annual rates of growth per treated patient were 3.3%, 0.3%, 7.4% and 3.7% respectively for total expenses, doctors' visits, pharmaceuticals and hospitalisations. Sick leave cost to health insurance rose by 2.5% per year and per patient in real terms. **CONCLUSIONS:** During the past eleven years, the cost of osteoarthritis has substantially raised in France. Half of the growth was attributable to the number of treated patients and to general inflation, the other half being due to changes in the treatment patterns, especially in pharmaceutical prescriptions. The emergence of new treatments such as COX-2 inhibitors may largely explain this tendency. Hospital costs also showed a marked growth, certainly due to the generalisation of hip or knee arthroplasty surgery procedures. In the future, it may be thought that the cost will continue to grow at a similar rate under the influence of both demographic factors and treatment innovations.

PAR5

MESSAGE: AN OBSERVATIONAL POST-LAUNCH STUDY TO ASSESS EFFECTIVENESS AND COST OF SUPLASYN® IN PATIENTS WITH KNEE OSTEOARTHRITIS

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OBJECTIVES: We report methodology and results of a post-launch study which was commissioned by French Health Authorities in order to measure the effectiveness and cost of Suplasyn(r), a hyaluronic acid indicated in the treatment of knee osteoarthritis, in real life conditions. **METHODS:** An observational, multicentric, prospective, longitudinal study was designed in order to compare pain status, functional capacity, quality of life and cost in patients with knee osteoarthritis, before and after treatment with Suplasyn(r). Patients should meet the American College of Rheumatology criteria for osteoarthritis and be currently treated by analgesics or nonsteroidal anti-inflammatory drugs (NSAIDs). The decision to treat with Suplasyn(r) was left to the investigators' discretion. Treated patients were followed retrospectively during three months and prospectively during six months. Main evaluations were performed at initiation (V0) and at three (V4) and six months (V5). Cost were compared over three 3-month periods, P1 (before Suplasyn(r) injection), P2 (V0-V4) and P3 (V4-V5). They were computed in the perspective of public health insurance. **RESULTS:** In total, 296 patients were included. Mean age was 68.67 ± 10.26 years. The main clinical criterion, the WOMAC score, showed a significant improvement for both functional and pain subscales over the time: scores at V4 and V5 were significantly reduced compared to V0 (p < 0.0001). The SF-12 Quality-of-Life scale was significantly improved for "physical" (p < 0.0001) and "mental" (p < 0.0001) dimensions. Between P1 and P3, the proportions of patients receiving NSAIDs and Proton Pump Inhibitors fell respectively from 68.6% to 29.1%, and from 19.3% to 8.7% (p

< 0.0001). Finally, the average medical cost per patient decreased from 233.59 EUR (IC95%: 202.14–265.04) in P1 to 205.64 (IC95%: 191.70–219.57) in P2 and to 145.20 (IC95%: 77.36–213.05) in P3. **CONCLUSIONS:** In real life conditions, Suplasyn(r) significantly improves function, pain and quality-of-life of patients with knee osteoarthritis and reduces medical treatment cost.

PAR6

ECONOMIC EVALUATION OF THERAPY WITH NSAID AND WITH COX-2 IN SUBJECTS AGED 66 YEARS OR MORE

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OBJECTIVE: The aim of this study was to compare the economic consequences of the treatment of elderly patients with selective COX-2 inhibitors (Celecoxib and Rofecoxib) and non-selective NSAIDs. **METHODS:** A cost-effectiveness analysis compared costs and effects of Celecoxib versus NSAIDs, versus Diclofenac plus Misoprostol and versus Rofecoxib in the perspective of the Italian National Health Service (NHS). Effects were derived from the study of Mamdani and colleagues (BNJ 2002; 325:624–627). Direct costs were measured (hospitalisation and pharmacological costs). Pharmacological costs were quantified according to the Italian market price of the drugs. Hospitalisation costs were quantified on the basis of DRG tariffs. Effects were expressed as reduction in hospitalisation for upper gastrointestinal haemorrhage. The mean duration of follow-up was 12 months. A sensitivity analysis was conducted on unit cost of drugs and hospitalisations. **RESULTS:** Clinical effects of treating an hypothetical cohort of 1000 patients for up to 12 months with Celecoxib would correspond to an extra cost of 29.256,98€ and of 39.120,09€ per bleeding avoided compared to NSAIDs and of 19.157,27€ and of 33.951,94€ per bleeding avoided compared to Diclofenac/Misoprostol. The therapy with Celecoxib dominates Rofecoxib as it is less costly and more effective. **CONCLUSIONS:** Treating subjects aged ≥66 years with Celecoxib is more effective but also more costly than with NSAIDs and with Diclofenac plus Misoprostol. On the contrary, treating elderly subjects with Celecoxib is not only more effective but also less costly than with Rofecoxib.

PAR7

FIBROMYALGIA COST OF CARE

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OBJECTIVE: To evaluate the cost of treatment of FS in Italy and its determinants. **METHODS:** Multicenter retrospective cost of care study with patients enrolled from 28 Italian rheumatologic centers. Time: 12 months. Cost: we quantified direct costs attributable to FS management: drugs, hospitalisations, physicians' visits, diagnostic tests, and other medical services (e.g. ionophoresis, mesotherapy, massage, thermal baths). Costs were estimated applying the National Health Service (NHS) tariffs expressed in Euro 2001. Perspective: NHS and patients perspective. **RESULTS:** We enrolled 402 patients with FS (mean age 48.4 ± 12.3 years old), 94.8% women. The mean annual cost per patient was euro 880.1 ± 1007.5: 33.7% attributable to hospitalisations, 17.45% to drugs and 17.7% to other pain coping strategies. Anti-inflammatory drugs were the mainly used drugs (72.1% of the patients used anti-inflammatory drugs). **CONCLUSION:** The cost of fibromyalgia treatment was estimated for the first time in Italy. The mean yearly cost is 880€ and it is principally caused by high use of symptomatic drugs and other pain coping strategies.